

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90010 022 ***150.00

DOCUMENT # P98000074565

1. Entity Name
UNI-FEEL GLOVE COMPANY



Principal Place of Business
**205 SW 13TH STREET
BOYNTON BEACH, FL 33426**

Mailing Address
**205 SW 13TH STREET
BOYNTON BEACH, FL 33426**

04000403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07162004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0860223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUMMETT, IVAN
209 SE 6TH ST
UNIT 1
BOYNTON BEACH, FL 33435**

Name **DUMMETT, IVAN**
Street Address (P.O. Box Number is Not Acceptable)
205 SW 13TH STREET
City **BOYNTON BEACH** FL Zip Code **33426**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE **7/16/2004**

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DUMMETT, IVAN**
STREET ADDRESS **209 SE 6 STREET UNIT 1**
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DUMMETT, SALLY**
STREET ADDRESS **209 SE 6 STREET UNIT 1**
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/2004

Attachment

54063409

Accounting Management Advisors, Inc.

Established Since 1968

Congress Square, Ste J

4175 South Congress Ave

Lake Worth, FL 33461

Tel (561) 357-8885 Fax (561) 357-9112

Trusts
Wills
Estates

Income Taxes
Accounting
Business Consulting

July 16, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Uni-Feel Glove Company
Document# P98000074565

Gentlemen:

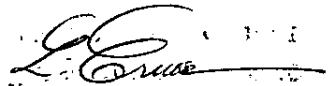
Please find enclosed the subject's entity check# 1755 dated 7/16/2004 to cover its annual report.

For your information the notice for renewal was not received by the client until sometime last week.

We are submitting our letter to your department dated 1/2/2004 as a proof for the client contention.

In view of the foregoing we hope you will waive the penalties.

Yours truly,



Leena Cruise

Enclosed for the Department of State is a check for the amount of \$100.00 dated 7/16/2004.

Enclosed

TRANSMISSION VERIFICATION REPORT

Attachment

#P98000074565

54063409

TIME: 01/02/2004 12:14

NAME: ACCOUNTINGMANAGEMENT

FAX : 561-357-9112

TEL : 561-357-8885

DATE, TIME

01/02 12:13

FAX NO./NAME

18502456017

DURATION

00:00:49

PAGE(S)

02

RESULT

OK

MODE

STANDARD

Attachment

54063409

Accounting Management Advisors, Inc.

Established Since 1968

Congress Square, Ste J

4175 South Congress Ave

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Trusts
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DATE: January 2, 2004

TOTAL NO. OF PAGES INCLUDING THIS COVER SHEET 2

TO: Division of Corporations - ANNUAL REPORT

FIRM/ COMPANY: Department of State

RE: P98000074565
UNI-FEEL GLOVE COMPANY

FROM: George Boutro

The pages accompanying this facsimile contain confidential and privileged information intended for the person or entity named herein. If you are not the intended recipient please advise us at (561) 357-8885 or Fax us at (561) 357-9112
Your help is appreciated.

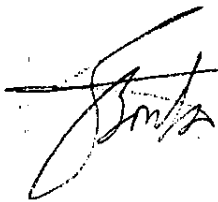
SPECIAL NOTATIONS:

NEW ADDRESS CHANGE :

205 SW 13th Street
Boynton Beach, FL 33426

~~Please mail the ANNUAL REPORT to the new address, to avoid the non filing penalties.~~

Your help is appreciated.





FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Attachment

524063409

Fax

850-241-6011



TO: 0380008 RU **AUTO T8 0 1201 33435-506301

UNI-FEEL GLOVE COMPANY
205 S.W. 13TH STREET
BOYNTON BEACH FL 33426

FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
#421